



Congressman

Ben Cardin

Reports From Washington

SPRING 2006

THIRD CONGRESSIONAL DISTRICT, MARYLAND

Dear Friends,

Our health care system is in financial crisis with our government health care budget under attack and more and more Americans unable to afford their health care needs. We need to take action to ensure that all Americans have access to high quality health care at an affordable price.

While there are many things we should do to reduce health care costs, there are three steps we can take immediately that would have a major impact on costs. First, Congress must address the needs of more than 45 million Americans who have no health coverage. We all pay the price for the uninsured. It is estimated that the cost of health insurance could be reduced by at least 15% if everyone had health insurance.

Second, Americans pay more than they should for their medicines and we must reduce prescription drug costs. And, finally, we need a long-term care (LTC) policy that allows those who need LTC to protect their assets by securing insurance. We also need to develop less costly alternatives to nursing home care such as assisted living and home health care.

This year, I will be working in Congress to help American families deal with our health care crisis.

Best Wishes,

A blue ink signature of Ben Cardin, written in a cursive style.

Rep. Cardin's Health Care Forum

- Overlea-Fullerton Senior Center
- Monday, April 3 at 10:30 a.m.
- 4314 Fullerton Ave.,
Baltimore County

REDUCING HEALTH CARE COSTS

The Uninsured

More than 45 million Americans have no health insurance and we are all paying the price through rising health care costs. When one out of every six Americans is uninsured, health care costs go up for all of us. That's because those who have health insurance pay higher premiums, and hospitals and doctors pass costs on to those with insurance in the form of higher costs. It's a vicious cycle that will not end until all Americans have health coverage.

In 2004, 21 million full-time workers had no insurance. People who lack health insurance are generally likely to be young adults, poor, or employees in small firms (10 people or less).

There are ways that we can – and should – be dealing with the uninsured in our country. Maryland has become a national model in helping small businesses purchase affordable health insurance for their employees.

We also have been successful in providing better health care coverage for children. Since 1997, the State Children's Health Insurance Program has provided coverage for millions of uninsured children. Last year, 4.6 million children were enrolled in the program

I also support offering a Medicare "buy-in" option for Americans between the ages of 55 and 64. Because of changes in the workforce, millions of people in this age group face losing their health benefits in the years leading up to retirement. It makes sense to allow them to "buy-in" to the Medicare system at no additional cost to the federal government.

However, we need universal health insurance coverage because the simple fact remains it is in the best interest of all of us that every one be insured.

Long-term Care

Today, much of long-term care (LTC) – particularly nursing home care – is paid for by American taxpayers through the Medicaid program. The growing cost of long-term care is straining the budgets of states and the federal government, and the budgets of many American families. In 2005, the average cost of nursing home care in the Baltimore area ranged from \$58,400 to \$85,410 a year.

I have talked with many Marylanders and no one wants to depend on Medicaid for their long-term care

Rep. Cardin meets with Towson resident Barbara Waters who must take 17 medications a day. It took two weeks to straighten out bureaucratic problems within the new Part D benefit and she still takes medications that are not covered under the new program.

needs. They want to remain in the community for as long as possible, they want to protect their assets for their family, and they want a more dignified, humane setting for their final years.

Our current view of long-term care has it backwards. Instead of encouraging families to "spend down" their assets to qualify for Medicaid, we should provide incentives to help Americans purchase LTC insurance. For the low- and moderate-income individuals, we should provide subsidies to help them with their assisted living and home health care needs, which is less costly to the government than nursing home care.

Our goal should be to empower Americans with greater choices that will allow them more control over their long-term care needs.

Fixing Medicare Part D

Millions of seniors and persons with disabilities have found the new Medicare Part D drug program confusing and unworkable. Many who signed up have found they are unable to access their benefits, and pharmacies and states are on the hook for millions of dollars in unreimbursed expenses.

It didn't have to be this way. I voted against the 2003 law creating the program. Instead, I supported establishing a real benefit within Medicare that would cover all medically necessary drugs and be accepted at all participating pharmacies.

The new Part D program does not provide a guaranteed drug benefit through the Medicare program.

Instead, it provides billions in subsidies to private insurance companies to offer individual policies that vary widely in price and coverage. It also prohibits the federal government from using the buying power of seniors to negotiate lower drug costs, costing taxpayers billions of dollars more.

I have introduced the [*Preserving Medicare for All Act*](#), HR 2487, to address the structural flaws in the new Part D program. My bill would allow the federal government to negotiate lower drug prices, provide a guaranteed drug benefit through Medicare, eliminate billions of dollars in excessive payments to private insurance companies and protect retiree health care plans that currently offer a drug benefit. It would save taxpayers money and provide better benefits to our Medicare beneficiaries.

All Medicare beneficiaries deserve a prescription drug plan that works for them.



At a town hall meeting at the Parkville Senior Center, Rep. Cardin talks about his bill to correct the structural flaws in the new Medicare Part D benefit.

NEW VISITOR CENTER FOR FT. McHENRY

Sen. Paul Sarbanes and I recently announced \$11 million in federal funds for a new Visitor Center at Ft. McHenry in time for the bicentennial celebration of the War of 1812. At a recent press conference, Gay Vietzke, Superintendent of Ft. McHenry, explained details about the new Visitor Center.

The current Visitor Center was built in 1964 to accommodate 250,000 visitors a year. Last year, approximately 620,000 visitors came to the fort, and by 2010 the National Park Service estimates that there will be 758,000 visitors. The new Visitor Center will be significantly larger and will be moved to a more appropriate location on the Park site.

Ft. McHenry is a national treasure and the new Visitor Center will ensure that the upcoming bicentennial of the War of 1812 is celebrated with the respect it deserves.



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